

# SRF Disbursement Request Form

## Participant Information

|                            |                                                        |             |       |                          |                |
|----------------------------|--------------------------------------------------------|-------------|-------|--------------------------|----------------|
| Name:                      | City of West Lafayette                                 |             |       | SRF Loan Number:         | WW 12792206    |
| DUNS Number:               | 04 455 2636                                            | CCR Number: | 6NKJ2 | Request Number:          | 28             |
| Mailing Address:           | 609 West Navajo Street                                 |             |       |                          |                |
| City:                      | West Lafayette                                         | State:      | IN    | Zip Code:                | 47906          |
| Contact Person:            | Judith C. Rhodes, Clerk-Treasurer                      |             |       | Contact Phone Number:    | (765) 775-5150 |
| Authorized Representative: | Mayor John R. Dennis, or Clerk-Treas. Judith C. Rhodes |             |       | Auth. Rep. Phone Number: | (765) 775-5100 |

If requesting reimbursement to the Participant by wire transfer, please provide the following information:

|               |  |                      |  |
|---------------|--|----------------------|--|
| Bank Name:    |  | Bank Routing Number: |  |
| Account Name: |  | Account Number:      |  |

## Loan Information

|                                                                                                                      |                                                |                                        |     |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|-----|
| Description of work for which claim is being made (services, fees, type of work), etc:                               | Northside Regional Lift Station and Force Main |                                        |     |
| Is any part of this claim funded by an alternate funding source?                                                     | <input type="checkbox"/> YES                   | <input checked="" type="checkbox"/> NO |     |
| If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds) : |                                                |                                        |     |
| Source:                                                                                                              |                                                | Amount:                                | \$0 |
| Is any part of this claim funded by the Indiana Brownfield's Program?                                                | <input type="checkbox"/> YES                   | <input checked="" type="checkbox"/> NO |     |
| Has the Participant paid the request and is now seeking reimbursement?                                               | <input type="checkbox"/> YES                   | <input checked="" type="checkbox"/> NO |     |
| Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.    | <input type="checkbox"/> YES                   | <input checked="" type="checkbox"/> NO |     |
| Are there Green Project Reserve components involved in this request?                                                 | <input type="checkbox"/> YES                   | <input checked="" type="checkbox"/> NO |     |
| If yes, please describe:                                                                                             |                                                |                                        |     |

## Loan Financial Information

|                                            |             |
|--------------------------------------------|-------------|
| Original Loan Amount:                      | \$4,200,000 |
| Total Amount of Previous Disbursements:    | \$2,552,392 |
| Balance Available After this Disbursement: | \$1,639,917 |
| Amount to Contractor for this Request:     | \$7,691     |

Is any part of this request a partial or final release of retainage to the contractor? ☐ YES ☒ NO

|                  |                             |              |             |
|------------------|-----------------------------|--------------|-------------|
| Contractor Name: | Greeley & Hansen            | DUNS Number: | 04 569 9949 |
| Mailing Address: | Lockbox 619776, PO Box 6197 |              |             |
| City:            | Chicago                     | State:       | IL          |
| Zip:             | 60680-6197                  |              |             |

## Wiring Information:

|               |  |                      |  |
|---------------|--|----------------------|--|
| Bank Name:    |  | Bank Routing Number: |  |
| Account Name: |  | Account Number:      |  |

Retainage Amount for this Request: \$0

Please select one of the following retainage payment options:

|                                                                                                                    |                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|
| Participant requests that the retainage amount be held by SRF:                                                     | <input type="checkbox"/> |
| Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed. | <input type="checkbox"/> |
| Participant requests that the retainage amount be sent to the following bank:                                      | <input type="checkbox"/> |

|               |  |                 |  |
|---------------|--|-----------------|--|
| Bank Name:    |  | Bank Routing:   |  |
| Account Name: |  | Account Number: |  |

Total Amount of This Request: \$7,691

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is legally due (and is payable from SRF) in accordance with the Participant's Financial Assistance Agreement with the Authority.

|                                      |  |       |           |
|--------------------------------------|--|-------|-----------|
| Authorized Representative Signature: |  | Date: | 10-Dec-13 |
|--------------------------------------|--|-------|-----------|

## FOR INTERNAL USE ONLY:

|              |  |       |  |          |  |
|--------------|--|-------|--|----------|--|
| Approved by: |  | Date: |  | GPR Amt: |  |
|--------------|--|-------|--|----------|--|



**GREELEY AND HANSEN**

100 S. Wacker Drive, Suite 1400  
Chicago, Illinois 60606  
p 312 558 9000  
f 312 558 1986  
[www.greeley-hansen.com](http://www.greeley-hansen.com)

November 26, 2013

Mr. David Henderson  
Utility Director  
City of West Lafayette  
Wastewater Treatment Utility  
500 South River Road  
West Lafayette, IN 47906

Subject: North Side Regional Lift Station and Force Main  
RPR Inspection Services Beyond Contract Substantial Completion  
Invoice No. 391955

Dear David:

The enclosed invoice is for construction inspection services beyond the Contract substantial completion date related to the North Side Regional Lift Station and Force Main project. As you know, the Contractor was notified that as of November 7, 2013 the liquidated damages provision of the Contract is in force until Substantial Completion is reached. As we discussed, the City can pursue reimbursement for construction inspection services in accordance with the Contract Documents. The amounts can be deducted from the Contractor's monthly payment applications. Invoice No. 391955 covers services provided through November 15, 2013 including:

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen

  
Joseph M. Teusch

Jmt/img

# INVOICE

For customer service, call 312 578 2375.



**GREELEY AND HANSEN**

P.O. Box 6197  
Chicago, Illinois 60680-6197  
p 312 558 9000  
[www.greeley-hansen.com](http://www.greeley-hansen.com)

Billing Number: 03  
Invoice Number: INV-0000391955

Invoice Date: 11/22/13

Description: FOR CONSTRUCTION SERVICES FOR THE NORTHSIDE REGIONAL LIFT STATION AND FORCE MAINS IN ACCORDANCE WITH THE AGREEMENT DATED SEPTEMBER 28, 2009, AMENDMENT NO. 1 DATED MARCH 29, 2010, AMENDMENT NO. 2 DATED JUNE 19, 2012

Bill To:  
CITY OF WEST LAFAYETTE  
ATTN: MR. DAVID HENDERSON  
UTILITY DIRECTOR  
500 SOUTH RIVER ROAD  
WEST LAFAYETTE, IN 47906

Remit To:  
GREELEY AND HANSEN  
LBX 619776  
P.O. Box 6197  
CHICAGO, 60680-6197  
USA

Customer Number: 0791

Contract Value  
Cost: \$0.00  
Fee: \$0.00  
Total: \$0.00

Project Number: 0791C.02  
Project Name: NORTHSIDE LS & FM 3RD SUB  
Terms: NET 30  
Due Date: 12/22/13

Cumulative Amount Billed: \$14,703.29

Billing Period From: 10/26/13  
To: 11/15/13

Direct Labor  
Total Direct Labor  
  
Sub-Consultants  
Total ODC's  
  
Salary Multiplier  
Total Multiplier

| Current Amount | Cumulative Amount |
|----------------|-------------------|
| \$2,403.52     | \$2,532.28        |
| \$2,403.52     | \$2,532.28        |
| \$0.00         | \$6,600.00        |
| \$0.00         | \$6,600.00        |
| \$5,287.74     | \$5,571.01        |
| \$5,287.74     | \$5,571.01        |

Invoice Total

|            |             |
|------------|-------------|
| \$7,691.26 | \$14,703.29 |
|------------|-------------|

Current Incurred Hours:

56.00

# INVOICE

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|                 |                |                 |                           |               |          |
|-----------------|----------------|-----------------|---------------------------|---------------|----------|
| Billing Number: | 03             | Project Number: | 0791C.02                  |               |          |
| Invoice Number: | INV-0000391955 | Project Name:   | NORTHSIDE LS & FM 3RD SUB | Invoice Date: | 11/22/13 |

## Non-T&M Labor Supporting Schedule

| Group Description:          | Total Direct Labor |             |                  |                   |
|-----------------------------|--------------------|-------------|------------------|-------------------|
| Labor<br>Cat Desc           | Empl/Vendor        | T/S<br>Date | Current<br>Hours | Current<br>Amount |
| 22 CONSTRUCTION<br>ENGINEER | GELLER, GREG M     |             | 56.00            | \$2,403.52        |
| Direct Labor                |                    |             | 56.00            | \$2,403.52        |
| Total Direct Labor          |                    |             | 56.00            | \$2,403.52        |

INV-0000391955

| DATE        | GELLER | Grand Total |
|-------------|--------|-------------|
| 11/07/13    | 8.00   | 8.00        |
| 11/08/13    | 8.00   | 8.00        |
| 11/11/13    | 8.00   | 8.00        |
| 11/12/13    | 8.00   | 8.00        |
| 11/13/13    | 8.00   | 8.00        |
| 11/14/13    | 8.00   | 8.00        |
| 11/15/13    | 8.00   | 8.00        |
| Grand Total | 56.00  | 56.00       |